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CONFIRMATION NO. 9287

|  |   |  |                               |  |                           |                                |
|--|---|--|-------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/781,552   | <b>FILING or 371(c)<br/>DATE</b><br>02/17/2004<br><b>RULE</b>   | <b>CLASS</b><br>370                                      | <b>GROUP ART UNIT</b><br>2619 | <b>ATTORNEY DOCKET NO.</b><br>ISTOR.011A                     |                           |                                |
| <b>APPLICANTS</b><br>Jean Kodama, Cerritos, CA;<br>Li Xu, Tustin, CA;<br><b>** CONTINUING DATA *****</b> <i>yes bc</i><br>This appln claims benefit of 60/448,207 02/14/2003<br><b>** FOREIGN APPLICATIONS *****</b> <i>None bc</i><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b><br>05/12/2004 |   |  |                               |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /HONG SOL CHO/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWINGS</b><br>38                                 | <b>TOTAL CLAIMS</b><br>48 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>KNOBBE MARTENS OLSON & BEAR LLP<br>2040 MAIN STREET<br>FOURTEENTH FLOOR<br>IRVINE, CA 92614<br>UNITED STATES   |   |  |                               |  |                           |                                |
| <b>TITLE</b><br>Network receive interface for high bandwidth hardware-accelerated packet processing  |   |  |                               |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>702  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                               | <input type="checkbox"/> All Fees                            |                           |                                |
|  |   |  |                               | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|  |   |  |                               | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|  |   |  |                               | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|  |   |  |                               | <input type="checkbox"/> Other _____                         |                           |                                |
|  |   |  |                               | <input type="checkbox"/> Credit                              |                           |                                |